Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	5/11/2014	Street:	18 Long Lane	
Incident #:	14ISPC003931	Apt, Lot, Room #:		
County:	Wabash	City:	North Manchester	
Type of Laboratory Seizure (check one) Sei		Seizure Location	cizure Location (check all that apply)	
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	☐ Hotel/Motel ☐ Open – No Structure ☐ Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found	: Location (bedroom, kitchen, open air, e	tc) (check all that a	pply)	
 ☐ One Pot or Birch Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Elammable Solvents: ☐ Outside ☐ Water Reactive Metal (Lithium): 		Corros	☐ Anhydrous Ammonia: ☐ Corrosive Acid: outside ☐ Corrosive Base: outside ☐ Ammonium Nitrate/Sulfate: ☐ Other (item and location):	
Child under age 18 discovered (check appropriate)				
No	(number present) not present but evidence they reside	unclean unclean Estimated occurring:	length of time manufacturing had been	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: North Manchester VFD Fax: 260-982-8212 Health Department County: Wabash Fax: jswango@localhealth.in.gov Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7595			wango@localhealth.in.gov	
	ormation regarding this methamphetam Officer: Mike Lorona Phone	nine laboratory, c e <u>765-473-6666</u>	ontact	
*This form is to b	e faxed to the Fire Department, Health Depart	ment and/or Departn	nent of Child Services listed within 24 hours of	

scene processing.

MSS 03-05-2014